



# COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY

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"To Enrich Lives Through Effective And Caring Service"

October 2, 2006

To:

Mayor Michael D. Antonovich

Supervisor Gloria Molina Supervisor Yvonne B. Burke Supervisor Zev Yaroslavsky

Supervisor Don Knabe

Los Angeles County Commission on Aging Los Angeles County Commission on Disabilities

From:

Cynthia D. Banks, Alicector

Subject:

LONG-TERM CARE STRATETIC PLAN FINAL REPORT

On January 21, 2003, your Board adopted the County of Los Angeles' Long-term Care (LTC) Strategic Plan for the Aged and Disabled and designated the Director of Community and Senior Services (CSS) to take the lead role in implementing the Plan's goals and objectives with relevant County Departments and community leadership. The Director was also instructed to establish the Long-Term Care Coordinating Council (LTCCC).

I am pleased to submit the Final Report that reflects the success of CSS in engaging the community and key County departments and agencies in implementing the LTC Strategic Plan, under the auspices of the LTCCC. While the Final Report contains many strategies to implement the goals and objectives of the LTC Strategic Plan, there are three strategies, which I believe, will have *immediate* impact on our constituents. They are as follows:

- A social services matrix of frequently requested social services provided in LA County and their definitions, to aid social workers in identifying resources for their clients.
- A listing of products, equipment and devices to increase independentliving options for those individuals with disabilities.
- The Respite Care Awareness Campaign (provided information on caregiver support services such as support groups, legal information and caregiver training). The campaign reached all CSS County employees through payroll inserts; and reached a wider audience on-line at our Community Connection website <a href="http://ltcconnection.lacounty.info">http://ltcconnection.lacounty.info</a>.

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These and the other work products developed by the LTCCC may be viewed at DCSS' Website www.ladcss.org

Finally, I wish to convey to your Board that with the support of the participating County departments, commissions and community organizations who volunteered their time and expertise, we now have a framework toward building a long-term care system that will prepare us for the future needs of our older adult and disabled populations in the County of Los Angeles.

Please feel free to contact me, or your staff may contact Patricia Senette-Holt, Acting Executive Assistant at (213) 738-2065,

#### Attachment

Copies:

Long-Term Care Coordinating Council Members

Peter McGrath, President, Area Agency on Aging Advisory Council

David E. Janssen, Chief Administrative Officer

Dennis A. Tafoya, Director, Office of Affirmative Action

Carlos Jackson, Director, Community Development Commission Dr. Martin J. Southard, Director, Mental Health Department

Dr. Jonathan E. Fielding, Director of Public Health

Bryce Yokomizo, Director, Department of Public Social Services



# **Final Report**

Long-Term Care Coordinating Council

# Long-Term Care Strategic Plan For the Aged and Disabled

Community and Senior Services County of Los Angeles

September 29, 2006

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# **Acknowledgements**

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# Message from the Director of Community and Senior Services

I am pleased to submit the Final Report of the Long Term Care Coordinating Council (LTCCC). The report covers the period of January 2003 to June 2006 calendar years and highlights the accomplishments of the LTCCC toward developing strategies to implement the County of Los Angeles' Long Term Care (LTC) Strategic Plan for the Aged and Disabled.

The report contains a brief history of the strategic plan, the structure and function of the LTCCC, major highlights of the implementation strategies, and the final work products developed by the LTCCC and its seven work groups. All of the activities of the LTCCC, including its work products, may be viewed on-line at <a href="https://www.ladcss.org">www.ladcss.org</a>. We have developed the website to share the results of the LTC Strategic Plan's implementation strategies with a wider audience, particularly those who may be interested in improving their capacity to deliver long-term care services in Los Angeles County.

I am pleased to report that all of the objectives in the plan have been addressed, with strategies for their implementation in place. Without the leadership of the Chair and Co-Chair of the LTCCC, and the many hours of dedicated service of volunteer Council members who gave their time and expertise toward this project, our mission would not have been accomplished.

As the Director of Community and Senior Services and the lead agency in this endeavor, I extend my sincere thanks to our colleagues on the Long-Term Care Coordinating Council for their hard work and commitment to bringing us closer to having a fully developed long-term care system in Los Angeles that we can all be proud of.

Respectfully submitted,

Cynthia I. Banks, Director

Community and Senior Services

# Long-Term Care Coordinating Council

### Mission and Purpose

The purpose of the Long-Term Care Coordinating Council (LTCCC) was to advise, implement, and monitor the progress of long-term care strategic planning and implementation in the County of Los Angeles. The membership of the LTCCC is comprised of county, service providers, community and consumer representative Included in this group were five County departments (Office of Affirmative Action Compliance, Department of Children and Family Services, Department of Public Social Services, Department of Health Services, and the Department of Mental Health, as designated by respective county department directors.

# Background - Project History and Origin

The Los Angeles County Board of Supervisors approved a motion to adopt the report "Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population" (March 2000) prepared by the Community and Senior Services (CSS) and the Department of Health Services. The Board subsequently directed CSS to develop a community planning process that would enable the County to begin to prepare for the anticipated demographic changes of the next thirty years. The goal of the planning process was to produce a Long Term Care Strategic Plan for Los Angeles County.

The planning process began in the spring of 2001 and three planning bodies were created – Community Roundtable, Interdepartmental Planning body, and the Strategic Planning Work Group. CSS hired the consulting firm Blitz & Redkmeyer (a strategic change consulting company specializing in long term care integration and systems change) in August 2001 to assist in the Management of the project. The consulting agency facilitated the long term care planning activities and the development of the Countywide Long-Term Care Strategic Plan.

On January 21, 2003, the Board of Supervisors adopted the <u>County of Los Angeles</u> <u>Strategic Plan for the Aged and Disabled</u> as submitted by the Department of Community and Senior Services and seventeen (17) other county departments. The Board also authorized Community and Senior Services to implement Goal #1 of the strategic plan to establish the **Long Term Care Coordinating Council (LTCCC)**.

# **Guiding Principles**

- To recognize that the need for long-term care and independence will continue to grow.
- B. To expand efforts that support the may Los Angeles County individuals who provide care and are responsible for providing care for loved ones.
- To shape services that are family focused, responsive to consumer needs and are culturally and linguistically appropriate
- D. To look at long-term care in such a way that promotes prevention, early screening, and care in the most appropriate, least restrictive with the greatest level of independence that is consumer directed and most cost beneficial
- E. To continually seek the improvement of the quality of long-term care services taking into account consumer satisfaction and seeking high service standards.
- To recognize that cost effectiveness, efficiency, and quality of life are important to consumers.
- G. To view long-term care as a collection of inter-related services (such as health, mental health, home/community-based care, caregiver and kinship care services, housing, and transportation) through a coordinated delivery system focused on the individual consumer.

# **Major Duties**

- A. To serve as the link between the community, service providers, and County government on issues regarding the Long-Term Care Strategic Plan.
- To provide community and public leadership on long-term care issues within the County of Los Angeles.
- C. To examine and make recommendations regarding the goals set forth by the Long-Term Care Strategic Plan and monitor its implementation.
- To mobilize resources—County and community—to implement the goals and objectives of the Long-Term Care Strategic Plan
- E. To provide coordinated long-term care planning and policy development.
- F. To submit an annual report to the Board of Supervisors

# Long-Term Care Strategic Plan for the Aged and Disabled Implementation Overview

#### Introduction

This is the final report of the <u>Los Angeles County Long-Term</u>

<u>Care (LTC) Strategic Plan for the Aged and Disabled</u>. It provides a summary of the activities carried out during the term of the project. The Long Term Care Coordinating Council (LTCCC) was mandated by the Board of Supervisors to implement the objectives in the LTC Strategic Plan.

The Plan's implementation was an ambitious effort led by the LTCCC comprised of partnerships across the County departments, among community based organizations, and leaders. The overall goal was to focus the attention of the County and stakeholders towards providing a more comprehensive set of social and supportive services that promote independence and enable people to reside in home and /or home like setting for as long as possible.

To achieve this goal, the Long Term Care Coordinating Council and its Work Groups met at least monthly to develop implementation strategies and plans for the 42 objectives contained in the revised LTC Strategic Plan. (Refer to <a href="http://www.ladcss.org">http://www.ladcss.org</a>)

The Council's work group activities, in response to implementing the LTC Strategic Plan, are highly significant to the extent that the outcomes will eventually permeate the fabric of the County's culture and mind-set. This is an extremely important movement that will have an even greater significance in the future when the County and its growing number of aged and disabled residents will be faced with respectively providing and receiving an array of services. When the County embarks upon providing services to the Baby Boomers who may have the responsibility of caring for their parents and loved ones; the County will be required to provide long-term care services that will meet the needs of both care givers and care receivers. This

is only one scenario; there will undoubtedly be many others with a myriad of challenges and opportunities.

In short, as a result of the LTC Strategic Plan, the County will now be better prepared to provide services to a broader range of its constituents and allow many more to "age in place".

# Long-Term Care Strategic Plan

On January 21, 2003, the Board of Supervisors approved the "The Long-Term Care (LTC) Strategic Plan for Aged and Disabled Adults, 2003-06." The Plan was developed primarily for the County to start thinking and acting strategically about its diverse aging population and the challenges this population will likely pose to the service delivery system. The plan identifies 14 critical long-term care issues facing Los Angeles County.

- · Funding Resources & Limitations
- Transportation Services
- Housing Services
- Caregiver and Kinship Services
- Fragmented System of Services
- Health Care Gaps
- · Mental Health Services
- Cultural & Language Barriers
- Information & Referral/Assistance Services
- Access to Services
- Advocacy
- Care Management
- Quality of Care
- · Workforce Resources and Development

The implementation of the LTC Strategic Plan led by Community and Senior Services and the Long-Term Care Coordinating Council (LTCCC), over an intensive three and a half year process, initially focused on the original recommendations contained in the plan included 7 broad goals, 24 general Strategies to advance the goals, and 47 specific Objectives to implement the strategies. Goal 1 is a meta-goal that covers concerns common to six service areas; goals 2-6

address particular services. Discussion regarding the accomplishment of the goals is included in the "Highlights" section of this report.

#### Changes to the Plan

During the last quarter, changes were made to the LTC (See Appendix B Revised LTCSP). The Council reviewed the objectives for their current applicability. As a result of this review, objectives 6.1.3 was combined with objective 6.3.2; objective 7.1.1 was combined with 7.1.2; and four objectives were deleted due to lack of resources – 1.3.1, 2.2.2, 6.3.2 and 7.1.3.

On September 28, 2005, year three of the Plan, and after much deliberation, the LTCCC voted unanimously to extend the Sunset of the Council from January 21, 2006 to June 30, 2006. This allowed additional time for the Council to conclude the implementation strategies.

#### Status of Objectives

During the timeframe of the three and one-half year's allotted to the LTCCC for this project, the Council's work groups were successful in completing their tasks by fastidiously addressing each of the LTC Strategic Plan's objectives.

The objectives were completed in the following manner:

- From the 42 objectives in the revised LTC Strategic Plan, the Council and the work groups developed creative plans and strategies that were primarily employed during the projects period. Many of the work products may be viewed on the CSS web site.
- 2. Fifteen of the Plan's 42 objectives were aligned with the FY 2005-09 Area Agency on Aging (AAA) Area Plan, administered by the LA County Area Agency on Aging (See Appendix C side-by-side chart). This action will have a major impact as these objectives have been earmarked priorities in the Area Plan and will serve as a basis for the development of innovative long-term care

programs and services for older adults and the disabled in the near future.

# Highlights

Several informative presentations were received by the LTCCC during the Plan period to assist in developing strategies to implement the LTCSP objectives. They were as follow as:

- Call 2-1-1 LA County (an Information and Referral service for health and human services resources available to all County residents); and, Call 3-1-1 City Hall presentation
- Socialserve.com presentation (LA County Senior Housing web site).
- CalCareNet Portal Enhancement Project a statewide website for Long-Term Care
- The Los Angeles Homeless Services Authority (LAHSA) 10-year Strategic Plan to End Homelessness in Los Angeles County.
- Partners in Care Foundation Integrated Care
  Management Program (CMP) regarding the evaluation
  of the AAA Integrated Care Management Project.

The presentations listed above may be viewed at www.ladcss.org

Below are highlights of the LTC Strategic Plan work groups' accomplishments:

Community Connection for seniors and disabled adults
The Los Angeles County Department of Community and Senior
Services, with the assistance of the Internal Services
Department, developed the Community Connection for Seniors
and Disabled Adults website. The Long-Term Care
Coordinating Council provided guidance and suggestions. The
Community Connection provides easy access to a wide array of
information and resources relevant to clients, families,
organizations, and individuals concerned with long-term care
issues for seniors and the disabled. The website connects
seniors, disabled adults, caregivers, and social service

professionals to resources for long-term care services in Los Angeles County. The website also contains:

- Facts and information about long-term care resources;
- Hot lines for immediate assistance;
- Practical information on health care, assisted living devices, housing, transportation and other services;
- Pertinent senior and disabled legislation.
- Links to information for Caregivers

The Long-Term Care Strategic Plan was developed prior to the Community Connection's planning and launch. However, the Community Connection, successfully met objectives in the plan for persons in need of LTC being able to find resources themselves, called "self-navigation."

### Other Work Group accomplishments:

- An extensive social services matrix of services and their definition (on CSS web site <a href="http://www.ladcss.org">http://www.ladcss.org</a>)
- Training and resource opportunities were identified for care managers and social workers in Los Angeles County for the year 2006, as follows;
  - LA Caregiver Resource Center-Community Calendar
  - UCLA Geriatrics & Gerontology Newsletter and Conference Calendar
  - Betty Ford Center Professionals in Residents Program
  - National Council on Aging (NCOA) "Invest in Aging" Conference.
- A listing of products, equipment and devices to increase independent living options was promulgated. Seehttp://www.ladcss.org.
- A panel of medical experts convened to discuss best practices and unmet needs. It recommended creation of a virtual Center of Excellence as a clearinghouse to

- educate and catalogue information on health care services and resources.
- The Board of Supervisors approved the Office of Senior Health in the new Los Angeles County Public Health Department.
- A Respite Care awareness campaign reached County employees with information on respite care options (See CSS web site <a href="http://www.ladcss.org">http://www.ladcss.org</a>)
- Quality of service standards were developed for transportation of Older and Disabled Customers by transit providers. (www.ladcss.org).
- A report identifying Transportation Gaps in services in particular geographic areas of Los Angeles County (www.ladcss.org).
- A plan to provide volunteers and/or other transportation assistants (will be implemented as a part of the FY 2005-09 Area Plan if funds are available). See www.ladcss.org
- Mental Health Services were expanded by providing updated, user-friendly information to service providers, family and other caregivers, the community, and others involved with at-risk and mentally-ill older adults and adults with disabilities.
- An implementation plan to evaluate the quality of mental health service delivery within the Department of Mental Health (including its contractors) was successfully completed.
- A program was developed and implemented to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide,

substance abuse, ableism and other issues to meet the specialized mental health needs of older adults with disabilities.

- An on-going discussion of strategies for mental health training for providers, the legal community and physicians aligned training strategies, goals and objectives contained in the LTCSP.
- The creation of the Social.Serve.com website will address the need for subsidized housing in Los Angeles County.

#### Conclusion

Implementation of the Long-Term Care Strategic Plan strategies and objectives has broken new ground in providing a first-ever framework for the County and our network of service providers in the delivery of long-term care services. The impact of the work and work products developed by the Long -Term Care Coordinating Council in response to its charge, absent of financial resources, will not be immediately realized. Over time, with the use of the tools and resources developed, such as the Community Connection web site, the training apparatus developed to improve the operations of the Department of Mental Health; care managers and Caregiver training and awareness; and most importantly, the new Office of Senior Health in the Department of Public Health, will be felt by those requiring long-term care services in the County of Los Angeles.

We owe a debt of gratitude to those professionals and practitioners who volunteered three and one-half years to develop the LTCSP implementation strategies for the County's use over the next decade. County departments who participated in this effort recognized the importance of this project. Among the participants were the Office of Affirmative Action, Department of Health Services, Department of Mental Health, Department of Public Social Services, and the Community Development Commission, who assigned dedicated staff to work on this project. The Los Angeles County Commission on Aging and the Los Angeles County

Commission on Disabilities provided their oversight and direction.

Development of the long- term care system has yet to be completed in the County of Los Angeles, and will continue with the Los Angeles County Area Agency and the Los Angeles City Department of Aging. The groundwork has been institutionalized for an improved system of long-term care and with the passage of the baton to the Area Agencies on Aging; we can look to the future for even greater developments for our aging and disabled population in Los Angeles County.

# REVISED Long-Term Care Strategic Plan

Goal #1 - Stimulate the Coordination of Long-Term Care Services

# Strategy 1.1 – Establish an Infrastructure to Coordinate Long-Term Care Strategic Planning and Implementation in Los Angeles County

Objective 1.1.1 – by the end of Year 1, appoint the Los Angeles County Department of Community and Senior Services (CSS) to oversee coordination of long-term care planning for older adults and adults with disabilities in Los Angeles County, working with existing county and community committees, task forces, and groups wherever possible.

Lead Responsibility: CSS.

Shared Responsibility: CAO SIB.

Objective 1.1.2 – by the end of Year 1, establish a Long-Term Care Coordinating Council (LTCCC) composed of county, provider, community, and consumer representatives to advise, implement, and monitor progress on long-term care strategic planning and implementation in the County.

Lead Responsibility: CSS.

Shared Responsibility: DHS; DMH; DPSS; DCFS; CIO; DPR; Commission on Aging; Women's Commission; Disability Commission; Human Relations Commission; Mental Health Commission; PASC; other relevant county and community groups.

# Strategy 1.2 - Improve Inter-Agency Coordination and Care Management

Objective 1.2.1 – by the end of Year 2, prepare recommendations for information system capabilities to improve client self-navigation and electronic access to information about long-term care services – including but not limited to best practice examples, preventive and alternative care, and end-of-life care that optimize community resource management while addressing individualized needs and consumer-tracking services.

Lead Responsibility: CIO.

Primary Support: LTCCC.

Shared Responsibility: CSS; DHS; DMH; DPSS; DCFS; other relevant county and community groups.

Objective 1.2.2 – by the end of Year 1, conduct an inventory of county programs by Service Planning Areas that provide long-term care services for older adults and adults with disabilities to identify the most significant gaps, duplication of services, and unmet needs for long-term care services.

Lead Responsibility: CAO SIB.

Primary Support: CSS.

Shared Responsibility: LTCCC; DHS; DMH; DPSS; DCFS; DPR; other relevant county and community groups.

Objective 1.2.3 – by the end of Year 2, develop a comprehensive service delivery model to enhance the coordinated delivery of long-term care services, including an integrated case management component, and prepare an action plan to begin its implementation on a county-wide basis.

Lead Responsibility: CSS. Primary Support: LTCCC.

Shared Responsibility: DHS; DMH; DPSS; DCFS; other relevant county and community groups.

# Strategy 1.3 – Maximize Revenue and Mitigate Funding Stream Limitations and Exclusions

Objective 1.3.2 – by the end of Year 3, prepare proposed legislative or regulatory recommendations and actions that would mitigate funding stream limitations and exclusions, allowing for blending of different funding streams and better integration of services.

Lead Responsibility: LTCCC.

Primary Support: CAO.

Shared Responsibility: All county departments.

Objective 1.3.3 – by the end of Year 3, identify possible program waivers that would increase federal and state funding for long-term care programs (e.g., Title XIX – Medicaid)

Lead Responsibility: DPSS. Primary Support: CSS.

Shared Responsibility: LTCCC; PASC.

# Strategy 1.4 – Enrich Culturally-Appropriate Delivery of Long-Term Care Services

Objective 1.4.1 – by the end of Year 1, establish a Long-Term Care Inter-Cultural Advisory Committee of the LTCCC to help advise and monitor the delivery of linguistically-specific and culturally-specific long-term care services, including a plan to develop appropriate language translation of major informational and educational materials.

Lead Responsibility: CSS. Primary Support: OAAC.

Shared Responsibility: LTCCC; community colleges; school districts; other relevant county and community groups.

# Strategy 1.5 - Foster Advocacy for Older Adults and Adults with Disabilities

Objective 1.5.1 – by the end of Year 1, prepare a plan to coordinate advocacy efforts at the federal, state, and local levels for adequate funding, legislative, regulatory, administrative action, and community organizing that meets the county's growing need for long-term care services.

Lead Responsibility: CSS.

Shared Responsibility: LTCCC; other relevant county and community groups.

#### Goal #2 - Advance Health Care Services for the Aged and Disabled Adults

# Strategy 2.1 - Improve Health Care Services & Coordinated Delivery

Objective 2.1.1 – by the end of Year 3, prepare an action plan to ensure that the safety net responsibilities continue to be met for older adults and adults with disabilities throughout the County.

Lead Responsibility: DHS.

Shared Responsibility: LTCCC; CSS; other relevant county and community groups.

Objective 2.1.2 – by the end of Year 3, conduct a feasibility study to establish a Geriatric Center of Excellence (GCE) in Los Angeles County, to include such factors as [a] assessing the potential revenue to support the GCE; [b] exploring the benefits/costs of a centralized resource center; [c] integrating geriatric clinics and incorporating the latest geriatric protocols; [d] developing prototypes to test the GCE concept; [e] developing an Adult Day Health Center on the campus of the GCE; [f] determining "best practice" characteristics that can be applied to the GCE; and [g] working with area universities and schools of medicine. Lead Responsibility: LTCCC.

Shared Responsibility: DHS; CSS; other relevant county and community groups.

# Strategy 2.2 - Expand Access to Health Care Services

Objective 2.2.1 – by the end of Year 1, specify requirements for enhanced information system capabilities in the County to improve client self-navigation and electronic access to information about health care-related long-term care services.

Lead Responsibility: CIO.

Shared Responsibility: DHS; CSS; other relevant county and community groups.

# Strategy 2.3 – Promote the Quality of Health Care

Objective 2.3.1 – by the end of Year 2, work with the CAO's Service Integration Action Plan (SIAP) Team to identify exemplary best practices and develop community-acceptable standards in services, programs, and activities for improving the delivery of health care-related long-term care services, working in collaboration with service providers, advocacy groups, trade associations, academic institutions, and philanthropic foundations.

Lead Responsibility: LTCCC.

Shared Responsibility: DHS; CAO SIAP Team; CSS; PASC; DPR; other relevant county and community groups.

Objective 2.3.2 – by the end of Year 3, pursue new revenue to support an Office of Senior and Disability Health Services within the Department of Health Services (DHS) to provide leadership in coordinating the delivery of county-wide long-term care health-related services (including the promotion of health and disease prevention) for older adults and adults with disabilities.

Lead Responsibility: DHS. Primary Support: LTCCC.

Shared Responsibility: CAO; DPSS; PASC; other relevant county and community groups.

#### Goal #3 - Enhance Mental Health Care Services for the Aged and Disabled Adults

#### Strategy 3.1 - Improve Mental Health Services & Coordinated Delivery

Objective 3.1.1 – by the end of Year 3 improve the coordination and collaboration among mental health, social, and health service providers by working with the Older Adult System of Care Committee to enhance planning and promote on-going sharing of information and collaboration about issues and services for older adults and adults with disabilities.

Lead Responsibility: DMH.

Shared Responsibility: CSS; LTCCC; other relevant county and community groups.

#### Strategy 3.2 - Expand Access to Mental Health Services

Objective 3.2.1 – by the end of Year 3, collect, update, and disseminate user-friendly information to service providers, family and other caregivers, the community at large, and others involved with at-risk and mentally-ill older adults and adults with disabilities.

Lead Responsibility: DMH. Primary Support: CIO.

Shared Responsibility: CSS; LTCCC; DHS; DPSS; DCFS; County Libraries; other relevant county and community groups.

# Strategy 3.3 - Promote the Quality of Mental Health Care

Objective 3.3.1 – by the end of Year 3, develop and implement a program to evaluate the quality of mental health service delivery within the Department of Mental Health (including its contractors).

Lead Responsibility: DMH.

Shared Responsibility: CAO SIB; LTCCC; other relevant county and community groups.

Objective 3.3.2 – by the end of Year 3, develop and implement a program to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities.

Lead Responsibility: DMH.

Shared Responsibility: CSS; DHR; other relevant county and community groups.

# Goal #4 – Promote Home and Community-Based Services for the Aged and Disabled Adults

# Strategy 4.1 – Improve Coordination of Services and Identify Long-Term Care Services and Resources

Objective 4.1.1 – by the end of Year 2, prepare a comprehensive list of communitywide (i.e., community-based organizations) Long-Term Care Services and Resources available in each Service Planning Area that will be web-accessible to providers and users of long-term care services and updated regularly.

Lead Responsibility: CIO.

Primary Support: CSS.

Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; PASC; other relevant county and community groups.

#### Strategy 4.2 - Expand Access to Home and Community-Based Services

Objective 4.2.1 – by the end of Year 1, support and publicize local Focal Points (and other providers of long-term care services) as community-based points of entry for information and referral to the full range of long-term care services and resources.

Lead Responsibility: CSS.

Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.

Objective 4.2.2 – by the end of Year 2, develop an action plan for implementing protocols for agencies to use when coordinating service access and delivery to older adults, adults with disabilities, their families, and other caregivers.

Lead Responsibility: DPSS.

Primary Support: CSS.

Shared Responsibility: LTCCC; PASC; other relevant county and community groups.

# Strategy 4.3 – Promote the Quality of Home and Community-Based Care

Objective 4.3.1 – by the end of Year 2, identify opportunities (e.g., MDT sessions) and resources (including training) for care managers and social workers in major county programs (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery.

Lead Responsibility: CSS. Primary Support: DPSS.

Shared Responsibility: LTCCC; other relevant county and community groups.

Objective 4.3.2 - by the end of Year 2, develop and implement a program to train caregivers, care managers, and social workers on the concepts of independent living and self-directed care to enhance service delivery and ensure that services are delivered in a manner that provides older adults and adults with disabilities with the greatest level of independence, dignity, and control.

Lead Responsibility: LTCCC.

Primary Support: OAAC.

Shared Responsibility: DPSS; CSS; DHR; PASC; other relevant county and community groups.

Objective 4.3.3 - by the end of Year 1, identify opportunities for older adults and adults with disabilities to enhance self-directed care.

Lead Responsibility: PASC.

Primary Support: DPSS.

Shared Responsibility: LTCCC; ACCESS/CTSA; other relevant county and community groups.

Objective 4.3.4 - by the end of Year 1, establish standards for service delivery and accountability (including customer satisfaction) that are client-centered and built on informal care in the context of families.

Lead Responsibility: CSS.

Primary Support: DPSS.

Shared Responsibility: LTCCC; PASC; CAO SIAP Team; other relevant county and community groups.

Objective 4.3.5 - by the end of Year 2, identify products, equipment and devices, which can be used to increase the independence and independent living options of older adults and adults with disabilities and develop a list of these resources.

Lead Responsibility: LTCCC.

Shared Responsibility: PASC; OAAC; other relevant county and community groups.

#### Goal #5 – Cultivate Caregiver and Kinship Services for the Aged and Disabled Adults

# Strategy 5.1 – Improve Caregiver and Kinship Services and Coordinated Delivery

Objective 5.1.1 - by the end of Year 3, develop web-based services for family and kinship caregivers.

Lead Responsibility: CSS.

Shared Responsibility: DPSS; KCCC; other relevant county and community groups.

Objective 5.1.2 - by the end of Year 1, prepare an action plan for improving coordination of caregiver and kinship services based on a review of best practice models by working with the kinship care community.

Lead Responsibility: CSS.

Shared Responsibility: DPSS; DCFS; PASC; KCCC; Foster Parent Associations; Grandparents as Parents; Grandma's Angels; other relevant county and community groups.

# Strategy 5.2 - Expand Access to Caregiver and Kinship Services

Objective 5.2.1 – by the end of Year 2, collect, update, and disseminate information (including training opportunities) about the needs and options of caregivers to service providers, the community at large, and others involved with older adults and adults with disabilities.

Lead Responsibility: CSS.

Shared Responsibility: DPSS; DMH; DCFS; KCCC; Community Colleges Foundation; County Libraries; DPR; other relevant county and community groups.

# Strategy 5.3 – Promote the Quality of Caregiver and Kinship Services

Objective 5.3.1 – by the end of Year 1, prepare an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis.

Lead Responsibility: CSS.

Shared Responsibility: DMH; PASC; KCCC; other relevant county and community groups.

Objective 5.3.2 – by the end of Year 3, develop and implement a publicity campaign and pilot it within the Los Angeles County government workforce employees about caregiver needs and services.

Lead Responsibility: CSS; DHR;

Shared Responsibility: CAO SIB; DPSS; DMH; PASC; KCCC; other relevant county and community groups.

### Goal #6 – Grow Housing Services for the Aged and Disabled Adults

### Strategy 6.1 – Improve Housing Services by Coordinating Delivery of Services, Expanding Availability of Affordable Housing, and Enhancing Funding

Objective 6.1.1 – by the end of Year 2, prepare a plan to establish a virtual housing trust fund (within County jurisdiction) utilizing existing funding streams and encourage virtual housing trust fund development in other jurisdictions (i.e., incorporated cities). Lead Responsibility: CDC.

Shared Responsibility: LTCCC; other relevant county and community groups.

Objective 6.1.2 – by the end of Year 1, advocate at the state level for legislation or related legislative action to enable the issuance of bonds for affordable housing such as SB 1227.

Lead Responsibility: LTCCC.

Primary Support: CSS.

Shared Responsibility: CDC; other relevant county and community groups.

Objective 6.1.3 – by the end of Year 1, create and promote among elected officials, decision-makers and planners, awareness of the "age wave" (demographic trend of the aging population and adults with disabilities,) and its specific housing needs and include specific references to these housing needs in legislation, regulatory and administrative actions which may have bearing on the supply of affordable housing.

Lead Responsibility: LTCCC.

Primary Support: CSS.

Shared Responsibility: CDC; other relevant county and community groups.

### Strategy 6.2 - Expand Access to Housing Services

Objective 6.2.1 – by the end of Year 2, collect, update and disseminate information about subsidized housing availability and eligibility to every public and private agency serving older adults and adults with disabilities. Such a database would include: maps of locations, addresses, eligibility for entrance, contact information (who to call to get on the list), a description of the property that potential residents can understand, pictures of the property, length of waiting list and name of service coordinator (if one exists)."

Lead Responsibility: CSS.

Primary Support: CIO.

Shared Responsibility: LAHSA; CDC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.

# Strategy 6.3 – Promote the Quality of Housing Services

Objective 6.3.1 – by the end of Year 2, identify opportunities and encourage initiatives that support participation in the Assisted Living Waiver Pilot program.

Lead Responsibility: CSS.

Primary Support: CDC.

Shared Responsibility: LTCCC; other relevant county and community groups.

Objective 6.3.2 – by the end of Year 2, develop and implement a public awareness/ education plan for the county, cities, elected officials, planners and developers of housing on the principles of universal design standards and encourage appropriate County agencies to participate in the development of these principles and potential adoption into the County's General Plan for new housing projects through uniform state-wide regulations that do not significantly impact cost and affordability.

Lead Responsibility: LTCCC.

Primary Support: CSS.

Shared Responsibility: CDC; DRP; other relevant county and community groups.

#### Strategy 6.4 – Expand Housing Capacities for the Homeless

Objective 6.4.1 – by the end of Year 2, develop a rent-to-prevent-eviction program that specifically targets at-risk older adults and adults with disabilities.

Lead Responsibility: LAHSA.

Shared Responsibility: CSS; DPSS; DMH; CDC; other relevant county and community groups.

Objective 6.4.2 – by the end of Year 2, prepare an action plan to increase the number of emergency, transitional, accessible, and permanent housing units required to meet the current and projected needs of homeless older adults and adults with disabilities. Lead Responsibility: LAHSA.

Primary Support: CDC.

Shared Responsibility: Los Angeles City Housing Department; Los Angeles City Community Redevelopment Agency; other municipal housing authorities; other relevant county and community groups.

#### Goal #7 - Strengthen Transportation Services for the Aged and Disabled Adults

# Strategy 7.1 – Improve Transportation Services by Coordinating Delivery of Services, Increasing Options, and Enhancing Funding

Objective 7.1.1 – by the end of Year 2, develop a countywide strategic plan for the coordination of health and human services transportation and public transportation which integrates transportation services for older adults and adults with disabilities including the identification of strategies such as incentives to cross boundaries and share resources.

Lead Responsibility: LTCCC.

Primary Support: MTA.

Shared Responsibility: CSS; ACCESS/CTSA; other relevant county, cities and community groups.

Objective 7.1.2 – by the end of Year 2, identify transportation service gaps for older adults and adults with disabilities in the County of Los Angeles and develop a plan that provides recommendations for eliminating the gaps.

Lead Responsibility: LTCCC.

Primary Support: MTA; CSS.

Shared Responsibility: DPW; ACCESS/CTSA; other relevant county, cities and community groups.

# Strategy 7.2 – Expand Access to Transportation Services by Developing a Comprehensive Transportation Information Center for Consumers

Objective 7.2.1 – by the end of Year 3, prepare a comprehensive, rapidly updateable (internet) database and associated marketing plan to inform the public about transportation services available to older adults and adults with disabilities that can be shared with health care, social service, and mental health providers.

Lead Responsibility: MTA Primary Support: CIO

Shared Responsibility: CTSA; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.

# Strategy 7.3 - Promote the Quality of Transportation Services

Objective 7.3.1 – by the end of Year 2, develop and implement county-wide transportation service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity.)

Lead Responsibility: LTCCC.

Primary Support: MTA.

Shared Responsibility: MTA contractors; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups.

Objective 7.3.2 – by the end of Year 2, develop and implement a plan to provide volunteers and/or other transportation assistants, including escorts, to meet the needs of frail older adults who need assistance or door-to-door service.

Lead Responsibility: LTCCC. Primary Support:

Shared Responsibility: ACCESS/CTSA; MTA; CSS; other relevant county, cities and community groups.

#### LONG-TERM CARE STRATEGIC PLAN AREA AGENCY ON AGING AREA PLAN 1. Objective 1.2.3 Objective 3.2 by the end of Year 2, develop a Develop a comprehensive service delivery comprehensive service delivery model to model to enhance the coordinated delivery enhance the coordinated delivery of long-term of long-term care services, including an care services, including an integrated case integrated case management component, management component, and prepare an and prepare an action plan (include action action plan to begin its implementation on a steps to address the special needs of older county-wide basis. women) to begin its implementation on a Lead Responsibility: CSS. countywide basis; partners include IHSS. Primary Support: LTCCC. APS, DMH, MSSPs, and other relevant Shared Responsibility: DHS; DMH; DPSS; community-based agencies. (LTCSP, 2003-DCFS; other relevant county and community 06) groups. Implementation Category: A 2. Objective 1.3.3 Objective 1.1 by the end of Year 3, identify possible Work with County and community leaders to program waivers that would increase federal identify possible program waivers that would and state funding for long-term care programs increase federal and state funding for long-(e.g., Title XIX - Medicaid) term care programs (e.g., Title XIX -Lead Responsibility: DPSS. Medicaid); partners include IHSS, and Public Primary Support: CSS. Authority. (LTCSP, 2003-06) Shared Responsibility: LTCCC; PASC. Implementation Category: A 3. Objective 2.3.2 Objective 1.2 by the end of Year 3, pursue new revenue to Pursue new revenue to support an Office of support an Office of Senior and Disability Senior and Disability Health Services within Health Services within the Department of the Department of Health Services (DHS) to Health Services (DHS) to provide leadership provide leadership in coordinating the in coordinating the delivery of county-wide delivery of county-wide long-term care long-term care health-related services health-related services (including the (including the promotion of health and promotion of health and disease prevention) disease prevention) for older adults and for older adults and adults with disabilities; adults with disabilities. partners include DHS, IHSS, and Public Lead Responsibility: DHS. Authority. (LTCSP, 2003-06) Primary Support: LTCCC. Shared Responsibility: CAO; DPSS; PASC; other relevant county and community groups. Implementation Category: A. B.

#### 4. Objective 3.3.2

by the end of Year 3, develop and implement a program to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities.

Lead Responsibility: DMH.

Shared Responsibility: CSS; DHR; other relevant county and community groups.

Implementation Category: A, B

#### Objective 1.5

Coordinate with DMH to develop and implement a program to train long-term care service providers, county agencies, and countywide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities; partners include DMH, and County and City AAA. (LTCSP, 2003-06)

#### 5. Objective 4.2.1

by the end of Year 1, support and publicize local Focal Points (and other providers of long-term care services) as community-based points of entry for information and referral to the full range of long-term care services and resources.

Lead Responsibility: CSS.
Shared Responsibility: LTCC

Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.

Implementation Category: A

#### Objective 3.1

Re-designate and redesign Focal Points into Aging Resource Centers as community-based points of entry for information and referral to the full range of long-term care services (including health care education) and resources; this involves establishing referral agreements with local agencies and protocols to assist elders and their representatives in the most efficient and least cumbersome manner possible; partners include senior centers, case management and other community-based providers. (LTCSP, 2003-06)

#### 6. Objective 4.2.2

by the end of Year 2, develop an action plan for implementing protocols for agencies to use when coordinating service access and delivery to older adults, adults with disabilities, their families, and other caregivers.

Lead Responsibility: DPSS. Primary Support: CSS.

Shared Responsibility: LTCCC; PASC; other relevant county and community groups.

Implementation Category: A

#### Objective 3.3

Coordinate service access and delivery to older adults with disabilities, low-income older women, their families, and caregivers (include older women kinship caregivers) through development of service referrals protocols; partners include APS, IHSS, and Public Authority. (LTCSP, 2003-06)

#### 7. Objective 4.3.1

by the end of Year 2, identify opportunities (e.g., MDT sessions) and resources

#### Objective 1.4

Work with major County programs (e.g., Integrated Care Management, Adult

(including training) for care managers and social workers in major county programs
 (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery.
 Lead Responsibility: CSS.
 Primary Support: DPSS.
 Shared Responsibility: LTCCC; other relevant county and community groups.
 Implementation Category: A

Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery by identifying opportunities (e.g., MDT sessions) and resources (including training) for care managers and social workers; partners include APS, DMH, IHSS, and ICM Contractors. (LTCSP, 2003-06)

#### 8. Objective 4.3.3

by the end of Year 1, identify opportunities for older adults and adults with disabilities to enhance self-directed care.

Lead Responsibility: PASC.

Primary Support: DPSS.

Shared Responsibility: LTCCC;

ACCESS/CTSA; other relevant county and

community groups.

Implementation Category: A

#### Objective 2.1

Identify opportunities for older adults and adults with disabilities and caregivers to enhance self-directed care; partners include the Public Authority, IHSS, and ICM Contractors. (LTCSP, 2003-06)

#### 9. Objective 4.3.4

by the end of Year 1, establish standards for service delivery and accountability (including customer satisfaction) that are clientcentered and built on informal care in the context of families.

Lead Responsibility: CSS. Primary Support: DPSS.

Shared Responsibility: LTCCC; PASC; CAO SIAP Team; other relevant county and

community groups.

Implementation Category: A

#### Objective 2.2

Establish standards for service delivery and accountability (including customer satisfaction particularly of older women) that are client-centered and built on informal care in the context of families; partners include the Public Authority, IHSS, ICM Contractors and professional providers of specialized services to caregivers. (LTCSP, 2003-06)

#### 10. Objective 5,3.1

by the end of Year 1, prepare an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis. Lead Responsibility: CSS.

Shared Responsibility: DMH; PASC; KCCC; other relevant county and community groups.

Implementation Category: A

#### Objective 2.4

Coordinate the development of an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis; partners include the L.A. Caregivers Resource Center, DCFS, and ICM Contractors. (LTCSP, 2003-06)

#### 11. Objective 5.3.2

by the end of Year 3, develop and implement a publicity campaign and pilot it within the Los Angeles County government workforce employees about caregiver needs and services.

Lead Responsibility: CSS; DHR; Shared Responsibility: CAO SIB; DPSS; DMH; PASC; KCCC; other relevant county and community groups.

Implementation Category: A, B

#### Objective 1.3

Coordinate with DHR to develop and implement a program within the Los Angeles County government workforce to assess County employee caregiver needs (particularly women) and link with caregiver services; partners include DHR, L.A. Caregivers Resource Center, and City AAA. (LTCSP, 2003-06)

#### 12. Objective 6.4.1

by the end of Year 2, develop a rent-toprevent-eviction program that specifically targets at-risk older adults and adults with disabilities.

Lead Responsibility: LAHSA.

Shared Responsibility: CSS; DPSS; DMH;
CDC; other relevant county and community

Implementation Category: A, B

#### Objective 3.7

Work with public and private housing agencies to develop a rent-to-prevent-eviction program that specifically targets atrisk adults (including caregivers) and adults with disabilities; partners include Los Angeles Homeless Service Authority, and City AAA. (LTCSP, 2003-06)

#### 13. Objective 6.4.2

by the end of Year 2, prepare an action plan to increase the number of emergency, transitional, accessible, and permanent housing units required to meet the current and projected needs of homeless older adults and adults with disabilities.

Lead Responsibility: LAHSA.

Primary Support: CDC.

Shared Responsibility: Los Angeles City Housing Department; Los Angeles City Community Redevelopment Agency; other municipal housing authorities; other relevant county and community groups.

#### Objective 3.10

Work with the CDC to increase availability of Section 8 Housing Vouchers for seniors in the County's unincorporated areas; explore the availability of vouchers for assisted living settings.

# 14. Objective 7.3.1

by the end of Year 2, develop and implement county-wide transportation service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity.)

Lead Responsibility: LTCCC.

Implementation Category: A

#### Objective 2.3

Develop and implement count-ywide (unincorporated transportation areas) service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity); partners include Department of Public

14.	Primary Support: MTA. Shared Responsibility: MTA contractors; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups. Implementation Category: A, B	Works and Beverly Foundation (LTCSP, 2003-06)
15.	Objective 7.3.2 by the end of Year 2, develop and implement a plan to provide volunteers and/or other transportation assistants, including escorts, to meet the needs of frail older adults who need assistance or door-to-door service.  Lead Responsibility: LTCCC.  Primary Support: Shared Responsibility: ACCESS/CTSA; MTA; CSS; other relevant county, cities and community groups.  Implementation Category: A,	Objective 3.5  Develop and implement a pilot in the County's unincorporated area to provide volunteer escorts to medical or other necessary trips for older adults and disabled adults; partners include DPW and the Beverly Foundation.

#### LONG-TERM CARE STRATEGIC PLAN MASTER TRACKING CHART

	LONG-TERM CARE STRATEGIC PLAN	ALIGNED TO AREA AGENCY ON AGING AREA PLAN	WORK PRODUCTS FOR WEB SITE PUBLICATION	TIME FRAME FOR COMPLETION	PERCENTAGES Of WORK COMPLETED
GOA	L#1 - STIMULAT	E THE COORDIN	ATION OF LONG-TERM CAL	RE SERVICES	
1.	Objective 1.1.1			Completed	100%
2.	Objective 1.1.2			Completed	100%
3.	Objective 1.2.1		LTCCONNECTION Web site	Completed	100%
4.	Objective 1.2.2		Social Services Matrix (CSS Website)	Completed	100%
5.	Objective 1.2.3	Objective 3.2	Summary of Tiered Care/Case Management Models	Completed *	100%
6.	Objective 1.3.2		Work Group recommendation	Completed	N/A
7.	Objective 1.3.3	Objective 1.1	The Assisted Living Waiver Pilot Project identified as a possible program waiver.	Completed *	100%
8.	Objective 1.4.1			Completed	100%
9.	Objective 1.5.1			Completed	100%
GOA	L#2-ADVANCE	HEALTH CARE	SERVICES FOR THE AGED	AND DISABLED	ADULTS
10.	Objective 2.1.1			Completed	100%
11.	Objective 2.1.2			TBD	N/A
12.	Objective 2.2.1			Completed	100%
13.	Objective 2.3.1		Expert Panel Video (CSS FILE)	6/30/06	45%

14.	Objective 2.3.2	Objective 1.2		Completed *	100%
	AL#3-ENHANGE	MENTAL HEAL	TH CARE SERVICES FOR T	AND THE PERSON OF LICENSE	ABLED
15.	Objective 3.1.1		Supporting document on the LTCCC and Older Adults System of Care collaboration.	Completed	100%
16.	Objective 3.2.1		Summary Report on Pacific Clinics Older Adult Training Contract with DMH.	Completed	100%
17.	Objective 3.3.1			Completed	100%
18.	Objective 3.3.2	Objective 1.5		Completed *	100%
	AL#4-PROMOTE	HOME AND CO	MMUNITY-BASED SERVICE	ES FOR THE AGED	AND DISABLE
19.	Objective 4.1.1			Completed	100%
20.	Objective 4.2.1	Objective 3.1	Completed Focal Points Survey; Agendas for Focal Points Meetings	FY 2005-09	N/A
21.	Objective 4.2.2	Objective 3.3	"Customer Service and Satisfaction Standards"	Completed *	100%
22.	Objective 4.3.1	Objective 1.4	List of Training Opportunities	Completed *	100%
23.	Objective 4.3.2		List of Trainings and Resource Information	Completed	100%
24.	Objective 4.3.3	Objective 2.1	Memorandum Regarding Self-Directed Care to ICM Agencies and Senior Centers	Completed *	100%
25.	Objective 4.3.4	Objective 2.2	"Customer Service and Satisfaction Standards"	Completed *	100%
26.	Objective 4.3.5		List of Products, Equipment and Devices	Completed	100%

	L#5-CULTIVAT LTS	E CAREGIVER A	ND KINSHIP SERVICES FO	R THE AGED AND	DISABLED
27.	Objective 5.1.1			Completed	100%
28.	Objective 5.1.2			Completed	100%
29.	Objective 5.2.1			Completed	100%
30.	Objective 5.3.1	Objective 2.4	Respite Care Options for Family Caregivers and Kinship Caregivers	Completed *	100%
31.	Objective 5.3.2	Objective 1.3	Caregiver Publicity Awareness Campaign	06/30/06	75%
GOA	L # 6 - GROW HO	USING SERVICE	S FOR THE AGED AND DIS	SABLED ADULTS	
32.	Objective 6.1.1			Completed	100%
33.	Objective 6.1.2			Completed	100%
34.	Objectives 6.1.3 (Combined with Objective 6.3.2)		Report: Housing for the Aged and Disabled Population in LA County: Discussion and Recommendations	Completed	100%
35.	Objective 6.2.1			Completed	100%
36.	Objective 6.3.1		Presentation on Assisted Living Waiver Pilot Program	Completed	100%
37.	Objective 6.4.1	Objective 3.7		FY 2005-09	N/A
38.	Objective 6.4.2	Objective 3.10		FY 2005-09	N/A
GO/	AL#7-STRENGT	HEN TRANSPOR	TATION SERVICES FOR T	HE AGED AND DIS	ABLED ADUL
39.	Objective 7.1.1 (Combined with Objective 7.1.2)		Report: Identification of Transportation Gaps	6/30/06	50%
40.	Objective 7.2.1			6/30/06	25%

41.	Objective 7.3.1	Objective 2.3	Quality of Service Standards for Transportation of Older and Disabled Customers	FY 2005-09	50%
42.	Objective 7.3.2	Objective 3.5	Report: A Plan to Provide Volunteers and/or Other Transportation Assistants	Completed *	100%

#### **DELETED OBJECTIVES:**

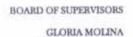
Objective 1.3.1 Objective 2.2.2 Objective 7.1.3

Shaded box = aligned with AAA Area Plan for implementation.

\* = Work Group task(s) completed;

TBD - To be determined

N/A - Carried over to CSS



MICHAEL D. ANTONOVICH

YVONNE B, BURKE ZEV YAROSLAVSKY

DON KNABE



# COMMUNITY AND SENIOR SERVICES OF LOS ANGELES COUNTY

3175 WEST SIXTH STREET + LOS ANGELES, CA 90020-1708 + (213) 637-0798 (213) 380-8275 FAX

"To Enrich Lives Through Effective And Caring Service"

September 30, 2006

To:

Mayor Michael D. Antonovich Supervisor Gloria Molina Supervisor Yvonne B. Burke

Supervisor Yvonne B. Burke Supervisor Zev Yaroslavsky Supervisor Don Knabe

Los Angeles County Commission on Aging Los Angeles County Commission on Disabilities

From:

Cynthia D. Banks, Director

Subject:

LONG-TERM CARE STRATETIC PLAN FINAL REPORT

On January 21, 2003, your Board adopted the County of Los Angeles' Long-term Care (LTC) Strategic Plan for the Aged and Disabled and designated the Director of Community and Senior Services (CSS) to take the lead role in implementing the Plan's goals and objectives with relevant County Departments and community leadership. The Director was also instructed to establish the Long-Term Care Coordinating Council (LTCCC).

I am pleased to submit the Final Report that reflects the success of CSS in engaging the community and key County departments and agencies in implementing the LTC Strategic Plan, under the auspices of the LTCCC. While the Final Report contains many strategies to implement the goals and objectives of the LTC Strategic Plan, there are three strategies, which I believe, will have *immediate* impact on our constituents. They are as follows:

- A social services matrix of frequently requested social services provided in LA County and their definitions, to aid social workers in identifying resources for their clients.
- A listing of products, equipment and devices to increase independentliving options for those individuals with disabilities.
- The Respite Care Awareness Campaign (provided information on caregiver support services such as support groups, legal information and caregiver training). The campaign reached all CSS County employees through payroll inserts; and reached a wider audience on-line at our Community Connection website <a href="http://ltcconnection.lacounty.info">http://ltcconnection.lacounty.info</a>.

Board of Supervisors Page 2

These and the other work products developed by the LTCCC may be viewed at DCSS' Website www.ladcss.org

Finally, I wish to convey to your Board that with the support of the participating County departments, commissions and community organizations who volunteered their time and expertise, we now have a framework toward building a long-term care system that will prepare us for the future needs of our older adult and disabled populations in the County of Los Angeles.

Please feel free to contact me, or your staff may contact Patricia Senette-Holt, Acting Executive Assistant at (213) 738-2065,

#### Attachment

Copies: Long-Term Care Coordinating Council Members

Peter McGrath, President, Area Agency on Aging Advisory Council

David E. Janssen, Chief Administrative Officer

Dennis A. Tafoya, Director, Office of Affirmative Action

Carlos Jackson, Director, Community Development Commission Dr. Martin J. Southard, Director, Mental Health Department

Dr. Jonathan E. Fielding, Director of Public Health

Bryce Yukomizo, Director, Department of Public Social Services

0



# Final Report

**Long-Term Care Coordinating Council** 

# Long-Term Care Strategic Plan For the Aged and Disabled

Community and Senior Services County of Los Angeles

September 30, 2006

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- A. Long-Tern Care Coordinating Council Members and Work Group Members
- B. Revised County of Los Angeles, Long Term Care Strategic Plan for the Aged and Disabled 2003-06 (http://www.ladcss.org)
- C. Long-Term Care Strategic Plan Objectives aligned with the Area Agency on Aging Area Plan.
- D. Long-Term Care Strategic Plan Master Tracking Chart

# **Acknowledgements**

# Department of Community and Senior Services

Cynthia D. Banks, Director, Community and Senior Services

Melinda Fonseca, Director, Area Agency on Aging

# Long-Term Care Coordinating Council

Kate Wilber, Chair June Simmons, Vice-Chair

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Jenai Davis

Lan Ficht

Jay Glassman

Mike Juarez

Laura Medina

Lena Perelman

Rhonda Rangel

Christine Rosensteel-Savalla

Janine Taylor

# Message from the Director of Community and Senior Services

I am pleased to submit the Final Report of the Long Term Care Coordinating Council (LTCCC). The report covers the period of January 2003 to June 2006 calendar years and highlights the accomplishments of the LTCCC toward developing strategies to implement the County of Los Angeles' Long Term Care (LTC) Strategic Plan for the Aged and Disabled.

The report contains a brief history of the strategic plan, the structure and function of the LTCCC, major highlights of the implementation strategies, and the final work products developed by the LTCCC and its seven work groups. All of the activities of the LTCCC, including its work products, may be viewed on-line at <a href="https://www.ladcss.org">www.ladcss.org</a>. We have developed the website to share the results of the LTC Strategic Plan's implementation strategies with a wider audience, particularly those who may be interested in improving their capacity to deliver long-term care services in Los Angeles County.

I am pleased to report that all of the objectives in the plan have been addressed, with strategies for their implementation in place. Without the leadership of the Chair and Co-Chair of the LTCCC, and the many hours of dedicated service of volunteer Council members who gave their time and expertise toward this project, our mission would not have been accomplished.

As the Director of Community and Senior Services and the lead agency in this endeavor, I extend my sincere thanks to our colleagues on the Long-Term Care Coordinating Council for their hard work and commitment to bringing us closer to having a fully developed long-term care system in Los Angeles that we can all be proud of.

Respectfully submitted,

Cynthia D. Banks, Director Community and Senior Services

# Long-Term Care Coordinating Council

# Mission and Purpose

The purpose of the Long-Term Care Coordinating Council (LTCCC) was to advise, implement, and monitor the progress of long-term care strategic planning and implementation in the County of Los Angeles. The membership of the LTCCC is comprised of county, provider, community and consumer representative Included in this group were five County departments (Office of Affirmative Action Compliance, Department of Children and Family Services, Department of Public Social Services, Department of Health Services, and the Department of Mental Health, as designated by respective county department directors.

# Background - Project History and Origin

The Los Angeles County Board of Supervisors approved a motion to adopt the report "Preparing for the Future: A Report on the Expected Needs of Los Angeles County's Older Adult Population" (March 2000) prepared by the Community and Senior Services (CSS) and the Department of Health Services. The Board subsequently directed CSS to develop a community planning process that would enable the County to begin to prepare for the anticipated demographic changes of the next thirty years. The goal of the planning process was to produce a Long Term Care Strategic Plan for Los Angeles County.

The planning process began in the spring of 2001 and three planning bodies were created – Community Roundtable, Interdepartmental Planning body, and the Strategic Planning Work Group. CSS hired the consulting firm Blitz & Redkmeyer (a strategic change consulting company specializing in long term care integration and systems change) in August 2001 to assist in the Management of the project. The consulting agency facilitated the long term care planning activities and the development of the Countywide Long-Term Care Strategic Plan.

On January 21, 2003, the Board of Supervisors adopted the <u>County of Los Angeles</u> <u>Strategic Plan for the Aged and Disabled</u> as submitted by the Department of Community and Senior Services and seventeen (17) other county departments. The Board also authorized Community and Senior Services to implement Goal #1 of the strategic plan to establish the **Long Term Care Coordinating Council (LTCCC)**.

# **Guiding Principles**

- To recognize that the need for long-term care and independence will continue to grow.
- B. To expand efforts that support the may Los Angeles County individuals who provide care and are responsible for providing care for loved ones.
- To shape serves that are family focused, responsive to consumer needs and are culturally and linguistically appropriate
- D. To look at long-term care in such a way that promotes prevention, early screening, and care in the most appropriate, least restrictive with the greatest level of independence that is consumer directed and most cost beneficial
- E. To continually seek the improvement of the quality of long-term care services taking into account consumer satisfaction and seeking high service standards.
- To recognize that cost effectiveness, efficiency, and quality of life are important to consumers.
- G. To view long-term care as a collection of inter-related services (such as health, mental health, home/community-based care, caregiver and kinship care services, housing, and transportation) through a coordinated delivery system focused on the individual consumer.

# **Major Duties**

- A. To serve as the link between the community, service providers, and County government on issues regarding the Long-Term Care Strategic Plan.
- B. To provide community and public leadership on long-term case issues within the County of Los Angeles.
- C. To examine and make recommendations regarding the goals set forth by the Long-Term Care Strategic Plan and monitor its implementation.
- To mobilize resources—County and community—to implement the goals and objectives f the Long-Term Care Strategic Plan
- To provide coordinated long-term care planning and policy development.
- To submit an annual report to the Board of Supervisors

# Long-Term Care Strategic Plan for the Aged and Disabled Implementation Overview

#### Introduction

This is the final report of the <u>Los Angeles County Long-Term</u>
<u>Care (LTC) Strategic Plan for the Aged and Disabled</u>. It
provides a summary of the activities carried out during the term
of the project. The Long Term Care Coordinating Council
(LTCCC) was mandated by the Board of Supervisors to
implement the objectives in the LTC Strategic Plan.

The Plan's implementation was an ambitious effort led by the LTCCC comprised of partnerships across the County departments, among community based organizations, and leaders. The overall goal was to focus the attention of the County and stakeholders towards providing a more comprehensive set of social and supportive services that promote independence and enable people to reside in home and /or home like setting for as long as possible.

To achieve this goal, the Long Term Care Coordinating Council and its Work Groups met at least monthly to develop implementation strategies and plans for the 42 objectives contained in the revised LTC Strategic Plan. (Refer to <a href="http://www.ladcss.org">http://www.ladcss.org</a>)

The Council's work group activities, in response to implementing the LTC Strategic Plan, are highly significant to the extent that the outcomes will eventually permeate the fabric of the County's culture and mind-set. This is an extremely important movement that will have an even greater significance in the future when the County and its growing number of aged and disabled residents will be faced with respectively providing and receiving an array of services. When the County embarks upon providing services to the Baby Boomers who may have the responsibility of caring for their parents and loved ones; the County will be required to provide long-term care services that will meet the needs of both care givers and care receivers. This

is only one scenario; there will undoubtedly be many others with a myriad of challenges and opportunities.

In short, as a result of the LTC Strategic Plan, the County will now be better prepared to provide services to a broader range of its constituents and allow many more to "age in place".

# Long-Term Care Strategic Plan

On January 21, 2003, the Board of Supervisors approved the "The Long-Term Care (LTC) Strategic Plan for Aged and Disabled Adults, 2003-06." The Plan was developed primarily for the County to start thinking and acting strategically about its diverse aging population and the challenges this population will likely pose to the service delivery system. The plan identifies 14 critical long-term care issues facing Los Angeles County.

- Funding Resources & Limitations
- Transportation Services
- Housing Services
- Caregiver and Kinship Services
- Fragmented System of Services
- Health Care Gaps
- Mental Health Services
- · Cultural & Language Barriers
- Information & Referral/Assistance Services
- Access to Services
- Advocacy
- Care Management
- Quality of Care
- · Workforce Resources and Development

The implementation of the LTC Strategic Plan led by Community and Senior Services and the Long-Term Care Coordinating Council (LTCCC), over an intensive three and a half year process, initially focused on the original recommendations contained in the plan included 7 broad goals, 24 general Strategies to advance the goals, and 47 specific Objectives to implement the strategies. Goal 1 is a meta-goal that covers concerns common to six service areas; goals 2-6

that covers concerns common to six service areas; goals 2-6 address particular services. Discussion regarding the accomplishment of the goals is included in the "Highlights" section of this report.

# Changes to the Plan

During the last quarter, changes were made to the LTC (See Appendix B Revised LTCSP). The Council reviewed the objectives for their current applicability. As a result of this review, objectives 6.1.3 was combined with objective 6.3.2; objective 7.1.1 was combined with 7.1.2; and four objectives were deleted due to lack of resources – 1.3.1, 2.2.2, 6.3.2 and 7.1.3.

On September 28, 2005, year three of the Plan, and after much deliberation, the LTCCC voted unanimously to extend the Sunset of the Council from January 21, 2006 to June 30, 2006. This allowed additional time for the Council to conclude the implementation strategies.

# Status of Objectives

During the timeframe of the three and one-half year's allotted to the LTCCC for this project, the Council's work groups were successful in completing their tasks by fastidiously addressing each of the LTC Strategic Plan's objectives.

The objectives were completed in the following manner:

- From the 42 objectives in the revised LTC Strategic Plan, the Council and the work groups developed creative plans and strategies that were primarily employed during the projects period. Many of the work products may be viewed on the CSS web site.
- 2. Fifteen of the Plan's 42 objectives were aligned with the FY 2005-09 Area Agency on Aging (AAA) Area Plan, administered by the LA County Area Agency on Aging (See Appendix C side-by-side chart). This action will have a major impact as these objectives have been earmarked priorities in the Area Plan and will serve as a

basis for the development of innovative long-term care programs and services for older adults and the disabled in the near future.

# Highlights

Several informative presentations were received by the LTCCC during the Plan period to assist in developing strategies to implement the LTCSP objectives. They were as follow as:

- Call 2-1-1 LA County (an Information and Referral service for health and human services resources available to all County residents); and, Call 3-1-1 City Hall presentation
- Socialserve.com presentation (LA County Senior Housing web site).
- CalCareNet Portal Enhancement Project a statewide website for Long-Term Care
- The Los Angeles Homeless Services Authority (LAHSA) 10-year Strategic Plan to End Homelessness in Los Angeles County.
- Partners in Care Foundation Integrated Care
   Management Program (CMP) regarding the evaluation
   of the AAA Integrated Care Management Project.

The presentations listed above may be viewed at www.ladcss.org

Below are highlights of the LTC Strategic Plan work groups' accomplishments:

Community Connection for seniors and disabled adults
The Los Angeles County Department of Community and Senior
Services, with the assistance of the Internal Services
Department, developed the Community Connection for Seniors
and Disabled Adults website. The Long-Term Care
Coordinating Council provided guidance and suggestions. The
Community Connection provides easy access to a wide array of
information and resources relevant to clients, families,
organizations, and individuals concerned with long-term care
issues for seniors and the disabled. The website connects

professionals to resources for long-term care services in Los Angeles County. The website also contains:

- · Facts and information about long-term care resources;
- Hot lines for immediate assistance;
- Practical information on health care, assisted living devices, housing, transportation and other services;
- Pertinent senior and disabled legislation.
- · Links to information for Caregivers

The Long-Term Care Strategic Plan was developed prior to the Community Connection's planning and launch. However, the Community Connection, successfully met objectives in the plan for persons in need of LTC being able to find resources themselves, called "self-navigation."

# Other Work Group accomplishments:

- An extensive social services matrix of services and their definition (on CSS web site <a href="http://www.ladcss.org">http://www.ladcss.org</a>)
- Training and resource opportunities were identified for care managers and social workers in Los Angeles County for the year 2006, as follows;
  - LA Caregiver Resource Center-Community Calendar
  - UCLA Geriatrics & Gerontology Newsletter and Conference Calendar
  - Betty Ford Center Professionals in Residents Program
  - National Council on Aging (NCOA) "Invest in Aging" Conference.
- A listing of products, equipment and devices to increase independent living options was promulgated. Seehttp://www.ladcss.org.
- A panel of medical experts convened to discuss best practices and unmet needs. It recommended creation of a virtual Center of Excellence as a clearinghouse to

- a virtual Center of Excellence as a clearinghouse to educate and catalogue information on health care services and resources.
- The Board of Supervisors approved the Office of Senior Health in the new Los Angeles County Public Health Department.
- A Respite Care awareness campaign reached County employees with information on respite care options (See CSS web site <a href="http://www.ladcss.org">http://www.ladcss.org</a>)
- Quality of service standards were developed for transportation of Older and Disabled Customers by transit providers. (www.ladcss.org).
- A report identifying Transportation Gaps in services in particular geographic areas of Los Angeles County (www.ladcss.org).
- A plan to provide volunteers and/or other transportation assistants (will be implemented as a part of the FY 2005-09 Area Plan if funds are available). See www.ladcss.org
- Mental Health Services were expanded by providing updated, user-friendly information to service providers, family and other caregivers, the community, and others involved with at-risk and mentally-ill older adults and adults with disabilities.
- An implementation plan to evaluate the quality of mental health service delivery within the Department of Mental Health (including its contractors) was successfully completed.
- A program was developed and implemented to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural

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competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues to meet the specialized mental health needs of older adults with disabilities.

- An on-going discussion of strategies for mental health training for providers, the legal community and physicians aligned training strategies, goals and objectives contained in the LTCSP.
- The creation of the Social.Serve.com website will address the need for subsidized housing in Los Angeles County.

#### Conclusion

Implementation of the Long-Term Care Strategic Plan strategies and objectives has broken new ground in providing a first-ever framework for the County and our network of service providers in the delivery of long-term care services. The impact of the work and work products developed by the Long -Term Care Coordinating Council in response to its charge, absent of financial resources, will not be immediately realized. Over time, with the use of the tools and resources developed, such as the Community Connection web site, the training apparatus developed to improve the operations of the Department of Mental Health; care managers and Caregiver training and awareness; and most importantly, the new Office of Senior Health in the Department of Public Health, will be felt by those requiring long-term care services in the County of Los Angeles.

We owe a debt of gratitude to those professionals and practitioners who volunteered three and one-half years to develop the LTCSP implementation strategies for the County's use over the next decade. County department who participated in this effort recognized the importance of this project. Among the participants were the Office of Affirmative Action, Department of Health Services, Department of Mental Health, Department of Public Social Services, and the Community Development Commission, who assigned dedicated staff to work on this project. The Los Angeles County Commission on

Aging and the Los Angeles County Commission on Disabilities provided their oversight and direction.

Development of the long- term care system has yet to be completed in the County of Los Angeles, and will continue with the Los Angles County Area Agency and the Los Angeles City Department of Aging. The groundwork has been institutionalized for an improved system of long-term care and with the passage of the baton to the Area Agencies on Aging; we can look to the future for even greater developments for our aging and disabled population in Los Angeles County.

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#### AREA AGENCY ON AGING AREA PLAN LONG-TERM CARE STRATEGIC PLAN Objective 3.2 1. Objective 1.2.3 Develop a comprehensive service delivery by the end of Year 2, develop a comprehensive service delivery model to model to enhance the coordinated delivery of long-term care services, including an enhance the coordinated delivery of long-term integrated case management component, care services, including an integrated case and prepare an action plan (include action management component, and prepare an action plan to begin its implementation on a steps to address the special needs of older women) to begin its implementation on a county-wide basis. countywide basis; partners include IHSS, Lead Responsibility: CSS. APS, DMH, MSSPs, and other relevant Primary Support: LTCCC. Shared Responsibility: DHS; DMH; DPSS; community-based agencies. (LTCSP, 2003-DCFS; other relevant county and community 06) groups. Implementation Category: A Objective 1.1 2. Objective 1.3.3 Work with County and community leaders to by the end of Year 3, identify possible identify possible program waivers that would program waivers that would increase federal increase federal and state funding for longand state funding for long-term care programs (e.g., Title XIX - Medicaid) term care programs (e.g., Title XIX -Medicaid); partners include IHSS, and Public Lead Responsibility: DPSS. Authority. (LTCSP, 2003-06) Primary Support: CSS. Shared Responsibility: LTCCC; PASC. Implementation Category: A Objective 2.3.2 Objective 1.2 3. Pursue new revenue to support an Office of by the end of Year 3, pursue new revenue to Senior and Disability Health Services within support an Office of Senior and Disability Health Services within the Department of the Department of Health Services (DHS) to provide leadership in coordinating the Health Services (DHS) to provide leadership in coordinating the delivery of county-wide delivery of countywide long-term care healthrelated services (including the promotion of long-term care health-related services health and disease prevention) for older (including the promotion of health and adults and adults with disabilities; partners disease prevention) for older adults and adults with disabilities. include DHS, IHSS, and Public Authority. (LTCSP, 2003-06) Lead Responsibility: DHS. Primary Support: LTCCC. Shared Responsibility: CAO; DPSS; PASC; other relevant county and community groups. Implementation Category: A, B

#### 4. Objective 3.3.2

by the end of Year 3, develop and implement a program to train long-term care service providers, county agencies, and county-wide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities.

Lead Responsibility: DMH.

Shared Responsibility: CSS; DHR; other relevant county and community groups.

Implementation Category: A, B

#### Objective 1.5

Coordinate with DMH to develop and implement a program to train long-term care service providers, county agencies, and countywide judicial staff on age-and-cultural competencies in ageism, depression, dementia, suicide, substance abuse, ableism and other issues in order to meet the specialized mental health needs of older adults and adults with disabilities; partners include DMH, and County and City AAA. (LTCSP, 2003-06)

#### 5. Objective 4.2.1

by the end of Year 1, support and publicize local Focal Points (and other providers of long-term care services) as community-based points of entry for information and referral to the full range of long-term care services and resources.

Lead Responsibility: CSS.

Shared Responsibility: LTCCC; DPSS; DMH; DCFS; County Libraries; DPR; other relevant county and community groups.

Implementation Category: A

#### Objective 3.1

Re-designate and redesign Focal Points into Aging Resource Centers as community-based points of entry for information and referral to the full range of long-term care services (including health care education) and resources; this involves establishing referral agreements with local agencies and protocols to assist elders and their representatives in the most efficient and least cumbersome manner possible; partners include senior centers, case management and other community-based providers. (LTCSP, 2003-06)

# 6. Objective 4.2.2

by the end of Year 2, develop an action plan for implementing protocols for agencies to use when coordinating service access and delivery to older adults, adults with disabilities, their families, and other caregivers.

Lead Responsibility: DPSS. Primary Support: CSS.

Shared Responsibility: LTCCC; PASC; other relevant county and community groups.

Implementation Category: A

# Objective 3.3

Coordinate service access and delivery to older adults with disabilities, low-income older women, their families, and caregivers (include older women kinship caregivers) through development of service referrals protocols; partners include APS, IHSS, and Public Authority. (LTCSP, 2003-06)

# 7. Objective 4.3.1

by the end of Year 2, identify opportunities (e.g., MDT sessions) and resources

# Objective 1.4

Work with major County programs (e.g., Integrated Care Management, Adult

7. (including training) for care managers and social workers in major county programs (e.g., Integrated Care Management, Adult Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery. Lead Responsibility: CSS. Primary Support: DPSS.

Shared Responsibility: LTCCC; other relevant county and community groups. Implementation Category: A Protective Services, In-Home Supportive Services) to enhance the delivery of care management and integrated service delivery by identifying opportunities (e.g., MDT sessions) and resources (including training) for care managers and social workers; partners include APS, DMH, IHSS, and ICM Contractors. (LTCSP, 2003-06)

# 8. Objective 4.3.3

by the end of Year 1, identify opportunities for older adults and adults with disabilities to enhance self-directed care.

Lead Responsibility: PASC.

Primary Support: DPSS.

Shared Responsibility: LTCCC;

ACCESS/CTSA; other relevant county and

community groups.

Implementation Category: A

#### Objective 2.1

Identify opportunities for older adults and adults with disabilities and caregivers to enhance self-directed care; partners include the Public Authority, IHSS, and ICM Contractors. (LTCSP, 2003-06)

#### 9. Objective 4.3.4

by the end of Year 1, establish standards for service delivery and accountability (including customer satisfaction) that are clientcentered and built on informal care in the context of families.

Lead Responsibility: CSS. Primary Support: DPSS.

Shared Responsibility: LTCCC; PASC; CAO SIAP Team; other relevant county and

community groups.

Implementation Category: A

#### Objective 2.2

Establish standards for service delivery and accountability (including customer satisfaction particularly of older women) that are client-centered and built on informal care in the context of families; partners include the Public Authority, IHSS, ICM Contractors and professional providers of specialized services to caregivers. (LTCSP, 2003-06)

#### 10. Objective 5.3.1

by the end of Year 1, prepare an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis. Lead Responsibility: CSS.

Shared Responsibility: DMH; PASC; KCCC; other relevant county and community groups.

Implementation Category: A

#### Objective 2.4

Coordinate the development of an action plan to provide a variety of respite care options that are individualized to meet the needs of caregivers on a widely-available basis; partners include the L.A. Caregivers Resource Center, DCFS, and ICM Contractors. (LTCSP, 2003-06)

#### 11. Objective 5.3.2

by the end of Year 3, develop and implement a publicity campaign and pilot it within the Los Angeles County government workforce employees about caregiver needs and services.

Lead Responsibility: CSS; DHR; Shared Responsibility: CAO SIB; DPSS; DMH; PASC; KCCC; other relevant county and community groups. Implementation Category: A, B

#### Objective 1.3

Coordinate with DHR to develop and implement a program within the Los Angeles County government workforce to assess County employee caregiver needs (particularly women) and link with caregiver services; partners include DHR, L.A. Caregivers Resource Center, and City AAA. (LTCSP, 2003-06)

#### 12. Objective 6.4.1

by the end of Year 2, develop a rent-toprevent-eviction program that specifically targets at-risk older adults and adults with disabilities.

Lead Responsibility: LAHSA.

Shared Responsibility: CSS; DPSS; DMH;
CDC; other relevant county and community
groups.

Implementation Category: A, B

### Objective 3.7

Work with public and private housing agencies to develop a rent-to-prevent-eviction program that specifically targets atrisk adults (including caregivers) and adults with disabilities; partners include Los Angeles Homeless Service Authority, and City AAA. (LTCSP, 2003-06)

## 13. Objective 6.4.2

by the end of Year 2, prepare an action plan to increase the number of emergency, transitional, accessible, and permanent housing units required to meet the current and projected needs of homeless older adults and adults with disabilities.

Lead Responsibility: LAHSA.

Primary Support: CDC.

Shared Responsibility: Los Angeles City Housing Department; Los Angeles City Community Redevelopment Agency; other municipal housing authorities; other relevant county and community groups.

Implementation Category: A

#### Objective 3.10

Work with the CDC to increase availability of Section 8 Housing Vouchers for seniors in the County's unincorporated areas; explore the availability of vouchers for assisted living settings.

#### 14. Objective 7.3.1

by the end of Year 2, develop and implement county-wide transportation service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity.)

Lead Responsibility: LTCCC.

#### Objective 2.3

Develop and implement countywide (unincorporated transportation areas) service quality standards to eliminate service deficiencies (including those in customer service, service delivery, vehicle maintenance, driver sensitivity); partners include Department of Public

14.	Primary Support: MTA. Shared Responsibility: MTA contractors; CSS; DPW; ACCESS/CTSA; other relevant county, cities and community groups. Implementation Category: A, B	Works and Beverly Foundation (LTCSP, 2003-06)
15.	Objective 7.3.2 by the end of Year 2, develop and implement a plan to provide volunteers and/or other transportation assistants, including escorts, to meet the needs of frail older adults who need assistance or door-to-door service.  Lead Responsibility: LTCCC.  Primary Support: Shared Responsibility: ACCESS/CTSA; MTA; CSS; other relevant county, cities and community groups.  Implementation Category: A,	Objective 3.5 Develop and implement a pilot in the County's unincorporated area to provide volunteer escorts to medical or other necessary trips for older adults and disabled adults; partners include DPW and the Beverly Foundation.

# LONG-TERM CARE STRATEGIC PLAN MASTER TRACKING CHART

	LONG-TERM CARE STRATEGIC PLAN	ALIGNED TO AREA AGENCY ON AGING AREA PLAN	WORK PRODUCTS FOR WEB SITE PUBLICATION	TIME FRAME FOR COMPLETION	PERCENTAGES Of WORK COMPLETED
GOA	L #1 - STIMULAT	E THE COORDIN	ATION OF LONG-TERM CAR	RE SERVICES	
1.	Objective 1.1.1			Completed	100%
2.	Objective 1.1.2			Completed	100%
3.	Objective 1.2.1		LTCCONNECTION Web site	Completed	100%
4.	Objective 1.2.2		Social Services Matrix (CSS Website)	Completed	100%
5.	Objective 1.2.3	Objective 3.2	Summary of Tiered Care/Case Management Models	Completed *	100%
6.	Objective 1.3.2		Work Group recommendation	Completed	N/A
7.	Objective 1.3.3	Objective 1.1	The Assisted Living Waiver Pilot Project identified as a possible program waiver.	Completed *	100%
8.	Objective 1.4.1			Completed	100%
9.	Objective 1.5.1			Completed	100%
GOA	AL # 2 – ADVANCE	HEALTH CARE	SERVICES FOR THE AGED	AND DISABLED	ADULTS
10.	Objective 2.1.1			Completed	100%
11.	Objective 2.1.2			TBD	N/A
12.	Objective 2.2.1			Completed	100%
13.	Objective 2.3.1		Expert Panel Video (CSS FILE)	6/30/06	45%

14.	Objective 2.3.2	Objective 1.2		Completed *	100%
	L#3-ENHANCE LTS	MENTAL HEAL	TH CARE SERVICES FOR T	HE AGED AND DIS	ABLED
15.	Objective 3.1.1		Supporting document on the LTCCC and Older Adults System of Care collaboration.	Completed	100%
16.	Objective 3.2.1		Summary Report on Pacific Clinics Older Adult Training Contract with DMH.	Completed	100%
17.	Objective 3.3.1			Completed	100%
18.	Objective 3.3.2	Objective 1.5		Completed *	100%
	AL#4-PROMOTE	HOME AND CO	MMUNITY-BASED SERVICE	ES FOR THE AGED	AND DISABLE
19.	Objective 4.1.1			Completed	100%
20.	Objective 4.2.1	Objective 3.1	Completed Focal Points Survey; Agendas for Focal Points Meetings	FY 2005-09	N/A
21.	Objective 4.2.2	Objective 3.3	"Customer Service and Satisfaction Standards"	Completed *	100%
22.	Objective 4.3.1	Objective 1.4	List of Training Opportunities	Completed *	100%
23.	Objective 4.3.2		List of Trainings and Resource Information	Completed	100%
24.	Objective 4.3.3	Objective 2.1	Memorandum Regarding Self-Directed Care to ICM Agencies and Senior Centers	Completed *	100%
	Objective 4.3.4	Objective 2.2	"Customer Service and Satisfaction Standards"	Completed *	100%
25.	Objective 4.3.4				

	Toecono may menerate an			Completed	1000/
27.	Objective 5.1.1			Completed	100%
28.	Objective 5.1.2			Completed	100%
29.	Objective 5.2.1			Completed	100%
30.	Objective 5.3.1	Objective 2.4	Respite Care Options for Family Caregivers and Kinship Caregivers	Completed *	100%
31.	Objective 5.3.2	Objective 1.3	Caregiver Publicity Awareness Campaign	06/30/06	75%
GOA	L # 6 – GROW HO	USING SERVICE	S FOR THE AGED AND DIS	SABLED ADULTS	
32.	Objective 6.1.1			Completed	100%
33.	Objective 6.1.2			Completed	100%
34.	Objectives 6.1.3 (Combined with Objective 6.3.2)		Report: Housing for the Aged and Disabled Population in LA County: Discussion and Recommendations	Completed	100%
35.	Objective 6.2.1			Completed	100%
36.	Objective 6.3.1		Presentation on Assisted Living Waiver Pilot Program	Completed	100%
37.	Objective 6.4.1	Objective 3.7		FY 2005-09	N/A
38.	Objective 6.4.2	Objective 3.10		FY 2005-09	N/A
GO	AL#7-STRENGT	THEN TRANSPOR	TATION SERVICES FOR T	HE AGED AND DIS	ABLED ADUL
39.	Objective 7.1.1 (Combined with Objective 7.1.2)		Report: Identification of Transportation Gaps	6/30/06	50%
40.	Objective 7.2.1			6/30/06	25%

41.	Objective 7.3.1	Objective 2.3	Quality of Service Standards for Transportation of Older and Disabled Customers	FY 2005-09	50%
42.	Objective 7.3.2	Objective 3.5	Report: A Plan to Provide Volunteers and/or Other Transportation Assistants	Completed *	100%

# DELETED OBJECTIVES: Objective 1.3.1

Objective 1.3.1 Objective 2.2.2 Objective 7.1.3

- Shaded box = aligned with AAA Area Plan for implementation.
- \* = Work Group task(s) completed;

TBD - To be determined

N/A - Carried over to CSS